

NEW HAMPSHIRE DEPARTMENT OF SAFETY
Division of Fire Standards & Training
Richard M. Flynn Fire Academy
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CREF #
Academy Use Only

Course/Module Request Form

Requesting Agency Name: _____

☐ Please check if you are requesting NHFA funding

Agency Address: _____

Agency Representative: _____ Agency Phone: _____

Course Module: _____ # of Students: _____

****Please attach a schedule with locations for all classes.****

Please contact your NHFA Field Captain for a current list of approved instructors.

I, as representative of the agency sponsoring the course/module, do hereby pledge our agency's support of the course/module and agree to insure that the course/module is conducted in accordance with the rules, regulations, course/module outlines, guides, and tests as adopted by the New Hampshire Fire Standards and Training Commission.

Signature of Agency Representative: _____ Date: _____

Signature of Field Captain: _____ Date: _____
**NHFA Field Captain responsible for region

Signature of the Coordinator: _____ Date: _____
**Full-time Program Coordinator responsible for class

NHFA USE ONLY

**** Bureau Chief:** _____ **Date:** _____

**** Processed by:** _____ **Date:** _____

**** Signature required for course/module approval.**